Effective December 29, 1999 O9/62638/													7
CLAIMS AS FILED - PART ! (Column 1) (Column 2)										ENTITY	OR	OTHER SMALL	THAN
FOR			NUMBER FILED			NUMBER EXTRA		F	ATE	FEE		RATE	FEE
BASIC FEE					120					345.00	OR		690.00
TOTAL CLAIMS			30	minus 2	0=	• /	0	×	\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			minus 3 =			. / :		· >	(39=		OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT									130=		OR	+260=	1 2
* If the difference in column 1 is less than zero, enter "0" in column 2									OTAL	<u> </u>	OR	TOTAL	Gill
CLAIMS AS AMENDED - PART II											10	OTHER	THAN
(Column 1) (Column 2) (Column 3)									MALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REM AJ	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 2	20	Minus	**	30	=	X	\$ 9=		OR	X\$18=	
	Independent	٠	2	Minus	***		=	` X	(39=	•	OR	A P	
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	€	
									TOTAL	· · · · · · · · · · · · · · · · · · ·	OR	TOTAL ADDIT, FEE	0
ADDIT. FEE OH ADDIT. FEE													. 7
AMENDMENT B		REN A	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• /	8	Minus .	**	30	= \(\)	×	\$ 9=		OR	X\$18=	1
	Independent FIRST PRESE	NTATIO	ON OF MI	Minus	PENI	PENT CLAIM	=(X	×	39=		OR	X78=	77
	7 11.00							+	130=		OR	+260=	ΔJ
								400	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE	
• /	1-5-00	100	umn 1)			olumn 2)	(Column 3)	AUU	II. FEE I		•		
AMENDMENT C		REM A	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• /	6	Minus	••	30	=	X	\$ 9=·		OR	X\$18=	
	Independent		\$ \$	Minus		. /	a >	×	39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL	
•••	of the "Highest Num The "Highest Num	mber P	reviously Pa	aid For IN THI	S SP	ACE is less tha	n 3, enter "3."	مام	IT. FEE	propriate bo		ADDIT. FEE lumn 1.	

FORM PTO-875 (Rev. 12/99)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number